## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

10044765

| CLAIMS AS FILED - PART I   |  |   |              |                               |                              |                  |            | SMALL ENTITY |                        | OTHER THAN      |  |                        |  |
|--|--|---|--------------|-------------------------------|------------------------------|------------------|------------|--------------|------------------------|-----------------|--|------------------------|--|
|  |  |   | (Column 1)   |                               | (Column 2)                   |                  | 1          | TYPE         |                        | OR SMALL ENTITY |  | ENTITY                 |  |
| TOTAL CLAIMS   |  |   | 70           |                               | 50.5                         |                  |            | RATE         | FEE                    |                 | RATE   | FEE                    |  |
| FOR  |  |   | NUMBER FILED |                               | NUMBER EXTRA                 |                  |            | BASIC FEE    | 370.00                 | OR              | BASIC FEE  | 740.00                 |  |
| TOTAL CHARGEABLE CLAIMS  |  |   | フク_minus 20= |                               | . 0                          |                  |            | X\$ 9=       |                        | OR              | X\$18=   | 0                      |  |
| INDEPENDENT CLAIMS   |  |   | 3- minus 3 = |                               | *.0                          |                  |            | X42=         |                        | OR              | X84=   | 0                      |  |
| MU   | LTIPLE DEPEN   | DENT CLAIM PR                             | RESENT       |                               |                              |                  |            | +140=        |                        | OR              | +280=  |                        |  |
| * If the difference in column 1 is less than zero,   |  |   |              |                               | ter "0" in column 2          |                  |            | TOTAL        |                        | OR              | TOTAL  | 740                    |  |
| / / CLAIMS AS AMENDED - PART II  |  |   |              |                               |                              |                  |            |              |                        |                 | OTHER  |                        |  |
| 11   | 17106  | (Column 1)                                |              | (Colu                         | mn 2)                        | (Column 3)       | <b>.</b> . | SMALL        | ENTITY                 | OR              | SMALL  | ENTITY                 |  |
| AMENDMENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY                 | PRESENT<br>EXTRA |            | RATE         | ADDI-<br>TIONAL<br>FEE | 1               | RATE   | ADDI-<br>TIONAL<br>FEE |  |
|  | Total  | .20                                       | Minus        | **6                           | 30                           | =()              |            | X\$ 9=       |                        | OR              | X\$18=   |                        |  |
|  | Independent  | .3  | Minus        | ***                           | 3                            | - 0              | 4          | X42=         |                        | OR              | X84=   |                        |  |
| Ľ  | FIRST PRESE  | NTATION OF MI                             | JLTIPLE DEI  | FUDEN                         | CLAIM                        |                  | J          | +140=        |                        | OR              | +289=  |                        |  |
|  | ADD:   |   |              |                               |                              |                  |            |              |                        | OR              | FOTAL<br>ADDIT. FEE                              | 7                      |  |
|  | (Column 1) (Column 2) (Column 3)   |   |              |                               |                              |                  |            |              |                        |                 | 792  |                        |  |
| AMENDMENT B  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | HIGH<br>NUM<br>PREVI          | HEST<br>IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA |            | RATE         | ADDI-<br>TIONAL<br>FEE |                 | RATE   | ADDI-<br>TIONAL<br>FEE |  |
|  | Total  | *   | Minus        | **                            |                              | =                |            | X\$ 9=       |                        | OR              | X\$18=   |                        |  |
|  | Independent  | *   | Minus        | ***                           |                              | =                |            | X42=         |                        | OR              | X84=   |                        |  |
|  | FIRST PRESE  | NTATION OF MI                             | JLTIPLE DEF  | PENDEN                        | T CLAIM                      |                  | د          | +140=        |                        | OR              | +280=  |                        |  |
| TOTAL  |  |   |              |                               |                              |                  |            |              |                        |                 | TOTAL  |                        |  |
| ADDIT. FEE   |  |   |              |                               |                              |                  |            |              |                        | OR              | ADDIT. FEE                                       | L                      |  |
|  |  | (Column 1)                                | 1.11         |                               | mn 2)<br>HEST                | (Column 3)       | ١.         |              | <del></del>            | 1               |  |                        |  |
| AMENDMENT C  |  | REMAINING<br>AFTER<br>AMENDMENT           |              | NUM<br>PREVI                  | BER<br>OUSLY<br>FOR          | PRESENT<br>EXTRA |            | RATE         | ADDI-<br>TIONAL<br>FEE |                 | RATE   | ADDI-<br>TIONAL<br>FEE |  |
| NON  | Total  | *   | Minus        | drabr .                       |                              | = .              | ╽          | X\$ 9=       |                        | OR              | X\$18=   |                        |  |
| ME   | Independent  | *   | Minus        | ***                           |                              | =                |            | X42=         |                        | OR              | X84=   |                        |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |  |   |              |                               |                              |                  |            |              |                        |                 | <del>                                     </del> |                        |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  |  |   |              |                               |                              |                  |            |              |                        | OR              | +280=<br>TOTAL                                   |                        |  |
| "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE  THIS SPACE IS less than 3, enter "3." |  |   |              |                               |                              |                  |            |              |                        | OR              | ADDIT. FEE                                       |                        |  |
|  | ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |   |              |                               |                              |                  |            |              |                        |                 |  |                        |  |